GP Request for Laboratory Services **BLOOD SCIENCES DEPARTMENT**
Central Pathology Laboratory, St. James's Hospital, Dublin 8.
GP Phlebotomy Appointments: Log on to *www.stjames.ie* & click patients button or ring 2914516 (Mon-Fri 2pm-4pm) or 1517 345333 (premium rate service).
Follow signs for "Route 2" in main hospital reception to locate GP phlebotomy.

FOR LABORATORY USE ONLY
PLEASE AFFIX SPECIMEN NUMBER BARCODE LABEL HERE

Patient Details (Complete Fully OR Attach an Addressograph Label inside the dotted line below):

Surname | MRN:
First Name | Male [ ] Female [ ]
Date of Birth [ ][ ] / [ ][ ] / [ ][ ][ ][ ] Ethnicity (if relevant)

Patient's Address: _____

Consultant's Name
Consultant's SJH Lab Code
Doctor's Signature
M.C.R.N.

Practice address or practice stamp here
Phoenix Care Centre, Grangegorman Campus, North Circular Road, Dublin 7.

Practice Telephone Number:
076 6958700 / 58707
This is mandatory to ensure the doctor can be contacted during routine laboratory working hours 8am to 8pm.

Clinical Details: (Please Provide)

Drug Therapy

[ ] Renal Profile
[ ] Liver Profile
[ ] Bone Profile
[ ] Amylase
[ ] Magnesium
[ ] Urate
[ ] CRP
[ ] Lipid Profile
[ ] Iron Studies
[ ] LH & FSH
[ ] TFT's (FT4 + TSH)

GROUP 1 – (Blood) CLOTTED (Red)
[ ] Creatine Kinase
[ ] Lactate Dehydrogenase
[ ] PSA
[ ] Prolactin
[ ] SHBG
[ ] Progesterone
[ ] Testosterone
[ ] Oestradiol
[ ] Cortisol
[ ] HCG
[ ] Androstenedione

** Please state time of last dose below
[ ] Lithium** (_____)
[ ] Digoxin** (_____)
[ ] Phenytoin** (_____)
[ ] Valproate** (_____)
[ ] Theophylline** (_____)
[ ] Phenobarbitone** (_____)
[ ] Carbamazepine** (_____)
[ ] AFP
[ ] CEA
[ ] CA 125
[ ] CA 15.3
[ ] CA 19.9

GROUP 2 – (Blood) EDTA (Purple)
[ ] Haemoglobin A1c

GROUP 3 - (Blood) FLU OXAL (Grey)
[ ] Glucose (Random)
[ ] Glucose (Fasting)
[ ] Glucose (2hr PP)

GROUP 4 (URINES)
[ ] Microalbumin (Urine)
[ ] Protein/Creatinine Ratio (Urine)
[ ] Pregnancy Test (Urine)

[ ] Faecal Occult Blood (FOB)

GROUP 5 – (Blood) CITRATE (Light Blue)
[ ] Coagulation Screen
[ ] INR → Warfarin: Yes [ ] No [ ]

GROUP 6 – (Blood) CLOTTED (Red)
[ ] Anti-Nuclear Antibody
[ ] Rheumatoid Factor
[ ] IgG, A, M & Protein Electrophoresis
[ ] Thyroid Microsomal Ab (TPO)
[ ] Tissue Transglutaminase Ab
[ ] IgE
[ ] Perennial Rhinitis Screen
[ ] Seasonal Rhinitis Screen
[ ] Childhood Eczema Screen
[ ] House Dust Mite

Other Tests:

GROUP 7 – (Blood) EDTA (Purple)
[ ] FBC [ ] ESR
[ ] Infectious Mononucleosis Screen
[ ] Malaria Screen ***You must Contact the Lab. on 4103843 before sending specimens for Malaria Screen.***

GROUP 8 – (Blood) CLOTTED (Red)
[ ] Vitamin B12
[ ] Serum Folate††
††A fasting sample is required
[ ] Ferritin

GROUP 9 – (Blood) EDTA (Purple)
[ ] G6PD Screen
[ ] Sickle Cell / Thalassaemia Screen*
** A Serum Ferritin is also required.*

A separate specimen is required for tests in each of the above groups. All analyses may not be completed if an insufficient number of specimens is provided.

Date Taken: **Time Taken:** **Date/Time Received:**